

State of Rhode Island and Providence Plantations
Department of Administration
Division of Taxation
One Capitol Hill
Providence, Rhode Island 02908-5812

Certificate of Good Standing Application for a Liquor License Transfer

Taxpayer Name: _____

DBA _____

Address: _____

City, State, Zip Code _____

A certificate of good standing is required for you to transfer your liquor license. Since these requests are processed on a first come , first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly in the pre-addressed envelope provided.

Note: Any outstanding taxes must be paid by *Certified check, Money Order or Cash* prior to issuance of Certificate.

Complete All of the Following:

Application Date: _____ Federal ID _____

Business Type: Sole Owner _____ Corporation _____ Partnership _____ Other _____

Do you have employees? Yes _____ No _____ Federal ID #: _____

Do you lease employees? Yes _____ No _____ Name of Company _____

SS Number(s) of Owner/Partners: _____

Telephone Number(s): Home _____ Business _____

Print Name of Responsible Person _____

Signature of Responsible Person _____

Office Use Only

Sales and Use Tax Del _____ A/R _____

(Including Local Meal/Beverage)

Withholding Tax Del _____ A/R _____

Personal Income Tax _____ A/R _____

Corporate Tax Del _____ A/R _____

Litter _____ Sales Renewal _____ Cig _____ Hotel _____ Ret CK _____

DET: _____ Remarks _____

Revenue Officer _____ Date _____

Clearance Authorized By: _____